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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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| | | |
|--|--------------------------|-------------|
| DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required) OR | Attorney Docket Number | PRD-50-NP |
| | First Named Inventor | Xiaoli Chen |
| | <i>COMPLETE IF KNOWN</i> | |
| | Application Number | |
| | Filing Date | |
| | Group Art Unit | |
| Examiner Name | | |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TREATING SYNDROME X WITH SUBSTITUTED TETRALINS AND INDANES
(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number
 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? YES NO |
|---|---------|-------------------------------------|--|--|
| | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | |
|--------------------------|--------------------------|--|
| 60/419,927 60/495,758 | 10/21/2002 08/15/2003 | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| Application Serial No. | Filing Date | Status |
|------------------------|-------------|----------------------------------|
| | | Patented Patented Patented |

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AND

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Name

Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Evelyn D. Shen at telephone number (732) 524-6040.

Direct all correspondence to: Customer Number ☒ or Bar Code Label **000027777** OR ☐ Correspondence address below

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City:

State:

ZIP

Country

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Xiaoli

Family Name
or Surname Chen

Inventor's
Signature

Date

Residence: City Belle Mead

State NJ

Country USA

Citizenship USA

Mailing Address 115 Sleepy Hollow Lane

City Belle Mead

State NJ

ZIP 08502

Country USA

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Keith T.

Family Name
or Surname Demarest

Inventor's
Signature

Date

Residence: City Flemington

State NJ

Country USA

Citizenship USA

Mailing Address 1 Newell Road

City Flemington

State NJ

ZIP 08822

Country USA

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NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Jung

Family Name
or Surname Lee

Inventor's
Signature

Date

10/9/03

Residence: City Ambler

State PA

Country USA

Citizenship USA

Mailing Address 1034 Ingram Court

City Ambler

State PA

ZIP 19002

Country USA

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NAME OF FOURTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

| | | | |
|---|----------|---|-----------------|
| Given Name (first and middle [if any]) Jay M. | | Family Name or Surname Matthews | |
| Inventor's Signature <i>Jay M. Matthews</i> | | Date 10-09-03 | |
| Residence: City Lansdale | State PA | Country USA | Citizenship USA |
| Mailing Address 305 Walden Lane | | | |
| City Lansdale | State PA | ZIP 19446 | Country USA |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | |
| NAME OF FIFTH INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) Philip | | Family Name or Surname Rybczynski | |
| Inventor's Signature | | Date | |
| Residence: City Branchburg | State NJ | Country USA | Citizenship USA |
| Mailing Address 29 Tuscarora Trail | | | |
| City Branchburg | State NJ | ZIP 08876 | Country USA |

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| <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required) | | First Named Inventor | Xiaoli Chen | |
| | | COMPLETE IF KNOWN | | |
| | | Application Number | | |
| | | Filing Date | | |
| | | Group Art Unit | | |
| | | Examiner Name | | |
| As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: | | | | |
| TREATING SYNDROME X WITH SUBSTITUTED TETRALINS AND INDANES <i>(Title of the Invention)</i> | | | | |
| the specification of which <input checked="" type="checkbox"/> is attached hereto OR <input type="checkbox"/> was filed on (MM/DD/YYYY) <input type="text"/> as United States Application Number or PCT International Application Number <input type="text"/> and was amended on (MM/DD/YYYY) <input type="text"/> | | | | |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. | | | | |
| I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. | | | | |
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| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? YES NO |
| | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
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| Application Serial No. | Filing Date | Status |
|------------------------|-------------|----------------------------------|
| | | Patented Patented Patented |

I hereby appoint:

☒ Practitioners at Customer Number **000027777** →

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AND

☐ Practitioner(s) named below:
Name

Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Evelyn D. Shen at telephone number (732) 524-6040.

Direct all correspondence to: ☒ Customer Number **000027777** OR ☐ Correspondence address below

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Address:

Address:

City:

State:


ZIP

Country

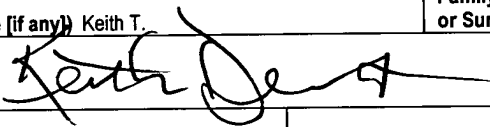
Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | | | |
|--|-----------------|---|------------------------|
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) Xiaoli | | Family Name or Surname Chen | |
| Inventor's Signature  | | Date 10/9/03 | |
| Residence: City Belle Mead | State NJ | Country USA | Citizenship USA |
| Mailing Address 115 Sleepy Hollow Lane | | | |
| City Belle Mead | State NJ | ZIP 08502 | Country USA |

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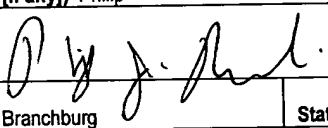
| | | | |
|---|-----------------|---|------------------------|
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) Keith T. | | Family Name or Surname Demarest | |
| Inventor's Signature  | | Date 10/9/03 | |
| Residence: City Flemington | State NJ | Country USA | Citizenship USA |
| Mailing Address 1 Newell Road | | | |
| City Flemington | State NJ | ZIP 08822 | Country USA |

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| | | | |
|---|-----------------|---|------------------------|
| NAME OF THIRD INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) Jung | | Family Name or Surname Lee | |
| Inventor's Signature | | Date | |
| Residence: City Ambler | State PA | Country USA | Citizenship USA |
| Mailing Address 1034 Ingram Court | | | |
| City Ambler | State PA | ZIP 19002 | Country USA |

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| | |
|---------------------------------|---|
| NAME OF FOURTH INVENTOR: | <input type="checkbox"/> A petition has been filed for this unsigned inventor |
|---------------------------------|---|

| | | | |
|---|----------|---|-----------------|
| Given Name (first and middle [if any]) Jay M. | | Family Name or Surname Matthews | |
| Inventor's Signature | | Date | |
| Residence: City Lansdale | State PA | Country USA | Citizenship USA |
| Mailing Address 305 Walden Lane | | | |
| City Lansdale | State PA | ZIP 19446 | Country USA |
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| NAME OF FIFTH INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) Philip | | Family Name or Surname Rybczynski | |
| Inventor's Signature  | | Date October 9, 2003 | |
| Residence: City Branchburg | State NJ | Country USA | Citizenship USA |
| Mailing Address 29 Tuscarora Trail | | | |
| City Branchburg | State NJ | ZIP 08876 | Country USA |